

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>lu</i>	<i>68904</i>	<i>4/7/00</i>
O.I.P.E. CLASSIFIER	<i>PA</i>		<i>4/16</i>
FORMALITY REVIEW	<i>2A</i>	<i>7353</i>	<i>6/14/00</i>
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
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47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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